



Month/Year

One Child = \$500.00, Two Children = \$950.00, Three Children = \$1,350.00 and Four or More Children = \$1,700.00

Client Codes	Child (C)	Other Relative (R)	Case Type	Negligent/Uncared For (CP)	DATE:	SIGNATURE:	\$0.00
	Parent (P)	Legal Guardian (L)		Delinquency (DL)			
	GAL - Child (G)	Standby (S)		Family with Service Needs (FN)			
	GAL - Parent (B)			Termination of Parental Rights (TP)			
	Grandparent (D)			Standby (S)			

The representations contained herein are made under the penalties of false statement. If this form is completed and mailed via internet the acceptance of the form will serve as formal signature. I hereby certify that all information contained herein is true and accurate to the best of my knowledge. I understand that submission of a request for payment containing knowingly false statements subject me to all penalties associated with making such false statements.

Form# CCPA-1